

ANNUAL CONFLICT OF INTEREST STATEMENT

I, _____, a member of the Washington State Developmental Disabilities Council, hereby attest and subscribe to the following:

(1) I have read and understand the Conflict of Interest Policy of the Council ratified on March 17, 2000.

(2) For the preceding calendar year, I have not been in violation of any of the provisions of the Conflict of Interest Policy (Note: This subsection is not applicable to individuals who have been Council members for less than one year);

(3) I am not currently in violation of any of the provisions of the Conflict of Interest Policy; and

(4) I will immediately notify the Chair of the Governance Committee during the following calendar year if I find that any of the provisions of the Conflict of Interest Policy apply to me. I further agree to specify the circumstances surrounding any conflict or potential conflict, as it arises, to the Governance Committee of the Council (or to the appropriate state authority).

(Date)

(Signed)

The following is a list of organizations that I serve with as an officer, a member of a board of directors or, an employee that might be likely to contract with or receive funds from the Council. The following list also contains organizations that might contract with or receive funds from the Council in which I have a financial or contractual interest:

<u>Organization</u>	<u>Address</u>	<u>Contact/Phone</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
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